

Missouri Emergency Response Commission - Department of Public Safety - PO Box 3133 Jefferson City, MO 65102
TIER TWO - Emergency and Hazardous Chemical Inventory (General Information)

Important: Please read all instructions before completing form Report period from January 1 to December 31, 2020

Reporting Year: 2020

Company: BCP Ingredients, Inc

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Facility Identification (2a) - Facility Location Facility Name: BCP Ingredients, Inc Max No. of Occupants: 150 Street Address: 299 Extension Street City: Verona State: MO Zip: 65769 Phone: 4174982241 Fax: 4174983451 Email: tanderson@balchem.com County: LAWRENCE	Owner/Operator Information (2b) Name: BCP Ingredients, Inc Balchem Mail Address: PO Box 85 City: Verona State: MO Zip: 65769 Phone: 4174982241 24-HR Phone Number: 4174982241 Email: tanderson@balchem.com
Mailing Address: Facility Name: BCP Ingredients, Inc Street Address: PO Box 85 City: Verona State: MO Zip: 65769	Regulatory point of Contact Information (2c) Name: Terry Anderson Mail Address: 299 Extension Street City: Verona State: MO Zip: 65769 Phone: 4174982241 24-HR Phone Number: 4174982241 Email: tanderson@balchem.com
RMP Facility Id: 1000015676 NAICS Code: 311999 Latitude: 36.959990 DUN Number: 041992728 TRI Number: 65769SYNTAXFIRST Longitude: -93.798780	Emergency Contact Information (2d) Name: Terry Anderson Mail Address: PO Box 85 City: Verona State: MO Zip: 65769 Phone: 4174983455 24-HR Phone Number: 4176695988 Email: tanderson@balchem.com
Fire Department with Jurisdiction: Aurora Rural Fire Protection District (AURR) Are Any Explosive Listed: N 302: Y 112: Y Facility Type: Other Submission: Initial	Secondary Emergency Contact Information Name: Jerome Freiburger Mail Address: 299 Extension Street City: Verona State: MO Zip: 65769 Phone: 4174982241 24-HR Phone Number: 4173661920 Email: jfreiburger@balchem.com
<div> <div> Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. </div> <div> Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures </div> </div> <div> Name and official title of owner/operator OR owner/operator's authorized representative Name Terry Anderson Title EHS Coordinator Signature _____ Date Signed: 2/23/2021 </div>	

Reporting Year: 2020

Company: BCP Ingredients, Inc

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Facility Name: BCP Ingredients, Inc City: Verona State: MO Zip: 65769		Emergency Contact Phone: Terry Anderson Fax: 4176695988									
Chemical Description(3) <input type="checkbox"/> Check if info is same as last year. CAS: None Trade Secret: N Chemical Name: Bisquat Product Name: Bisquat Chemical Type: Mix Chemical State: Liquid	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple Asphyxiant <input type="checkbox"/> Hazard Not Otherwise Classified		Inventory (5) Max Daily Amount Code: 100,000-499,999 Avg Daily Amount Code: 100,000-499,999 No. of Day on Site per Year: 365 Optional Report: N								
Storage Codes and Locations (6) (Note: This information is Not Confidential) <table border="0"> <tr> <td>Container</td> <td>Pressure</td> <td>Temperature</td> <td></td> </tr> <tr> <td>Code: Above Ground Tank</td> <td>Ambient</td> <td>Ambient</td> <td>Storage Location: East of Building V19 Buildings V10 and V11</td> </tr> </table>				Container	Pressure	Temperature		Code: Above Ground Tank	Ambient	Ambient	Storage Location: East of Building V19 Buildings V10 and V11
Container	Pressure	Temperature									
Code: Above Ground Tank	Ambient	Ambient	Storage Location: East of Building V19 Buildings V10 and V11								
Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.			Optional Attachments <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input checked="" type="checkbox"/> I have attached a description of dikes and other safeguard measures								
Name and official title of owner/operator OR owner/operator's authorized representative Name Terry Anderson Title EHS Coordinator Signature _____ Date Signed: 2/23/2021											

TIER TWO - Emergency and Hazardous Chemical Inventory (General Information)

Reporting Year: 2020

Company: BCP Ingredients, Inc

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Facility Name: BCP Ingredients, Inc City: Verona State: MO Zip: 65769		Emergency Contact Phone: Terry Anderson Fax: 4176695988	
Chemical Description(3) <input type="checkbox"/> Check if info is same as last year. CAS: 77-92-9 Trade Secret: N Chemical Name: Citric Acid Product Name: Citric Acid Chemical Type: Pure Chemical State: Solid	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple Asphyxiant <input type="checkbox"/> Hazard Not Otherwise Classified		Inventory (5) Max Daily Amount Code: 10,000-24,999 Avg Daily Amount Code: 100,000-499,999 No. of Day on Site per Year: 365 Optional Report: N
Storage Codes and Locations (6) (Note: This information is Not Confidential)			
Container Code:	Pressure Bag	Temperature Ambient	Storage Location: Buildings V1, V10, V18, V24
Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.		Optional Attachments <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input checked="" type="checkbox"/> I have attached a description of dikes and other safeguard measures	
Name and official title of owner/operator OR owner/operator's authorized representative Name Terry Anderson Title EHS Coordinator Signature _____ Date Signed: 2/23/2021			

TIER TWO - Emergency and Hazardous Chemical Inventory (General Information)

Reporting Year: 2020

Company: BCP Ingredients, Inc

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Facility Name: BCP Ingredients, Inc City: Verona State: MO Zip: 65769		Emergency Contact Phone: Terry Anderson Fax: 4176695988	
Chemical Description(3) <input type="checkbox"/> Check If Info is same as last year. CAS: 64-17-5 Trade Secret: N Chemical Name: Ethanol Product Name: Ethanol Chemical Type: Mix Chemical State: Liquid	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input checked="" type="checkbox"/> Simple Asphyxiant <input type="checkbox"/> Hazard Not Otherwise Classified		Inventory (5) Max Daily Amount Code: 100,000-499,999 Avg Daily Amount Code: 100,000-499,999 No. of Day on Site per Year: 365 Optional Report: N
Storage Codes and Locations (6) (Note: This information is Not Confidential)			
Code:	Container Above Ground Tank	Pressure Ambient	Temperature Ambient
			Storage Location: Dike North of V14, Dike East of V11, Inside south end V10
Code:	Steel Drum	Ambient	Ambient
			Storage Location: Buildings V18, V11
Code:	Tank Inside Building	Ambient	Ambient
			Storage Location: Building V10
Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.			Optional Attachments <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input checked="" type="checkbox"/> I have attached a description of dikes and other safeguard measures
Name and official title of owner/operator OR owner/operator's authorized representative Name Terry Anderson Title EHS Coordinator Signature _____ Date Signed: 2/23/2021			

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Facility Name: BCP Ingredients, Inc City: Verona State: MO Zip: 65769		Emergency Contact Phone: Terry Anderson Fax: 4176695988		
Chemical Description(3) <input type="checkbox"/> Check if info is same as last year. CAS: 75-21-8 Trade Secret: N Chemical Name: Ethylene oxide Product Name: Ethylene Oxide Chemical Type: Pure Chemical State: Gas	Physical and Health Hazards (4) Check all that apply: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input checked="" type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> Combustible Dust </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input checked="" type="checkbox"/> Carcinogenicity <input checked="" type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input checked="" type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple Asphyxiant <input type="checkbox"/> Hazard Not Otherwise Classified </div> </div>		Inventory (5) Max Daily Amount Code: 1,000,000-9,999,999 Avg Daily Amount Code: 1,000,000-9,999,999 No. of Day on Site per Year: 365 Optional Report: N	
Storage Codes and Locations (6) (Note: This information is Not Confidential)				
	Container	Pressure	Temperature	Storage Location
Code:	Above Ground Tank	Greater than Ambient	Less than Ambient but Not Cryogenic	North of Wastewater Lagoon
Code:	Tank Inside Building	Greater than Ambient	Greater than Ambient	Buildings V10 and V8
Code:	Rail Car	Greater than Ambient	Less than Ambient but Not Cryogenic	Railspur North Side of Plant
Code:	Steel Drum	Greater than Ambient	Less than Ambient but Not Cryogenic	Building V25
Code:	Tank Inside Building	Greater than Ambient	Less than Ambient but Not Cryogenic	Compressor Room in Building V25
Code:	Steel Drum	Greater than Ambient	Less than Ambient but Not Cryogenic	In Trailers on Lot North of Building V17 and South of Building V25
Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.				Optional Attachments <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input checked="" type="checkbox"/> I have attached a description of dikes and other safeguard measures
Name and official title of owner/operator OR owner/operator's authorized representative Name Terry Anderson Title EHS Coordinator Signature _____ Date Signed: 2/23/2021				

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Facility Name: BCP Ingredients, Inc City: Verona		State: MO	Zip: 65769	Emergency Contact Phone: Terry Anderson		Fax: 4176695988		
Chemical Description(3) <input type="checkbox"/> Check if info is same as last year. CAS: 68-47-6 Trade Secret: N Chemical Name: Fuel Oil #2 Product Name: Fuel Oil #2 Chemical Type: Mix Chemical State: Liquid		Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> Combustible Dust			<input type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple Asphyxiant <input type="checkbox"/> Hazard Not Otherwise Classified			Inventory (5) Max Daily Amount Code: 25,000-49,999 Avg Daily Amount Code: 10,000-24,999 No. of Day on Site per Year: 365 Optional Report: N
Storage Codes and Locations (6) (Note: This information is Not Confidential)								
	Container	Pressure	Temperature					
Code:	Above Ground Tank	Ambient	Ambient	Storage Location: Dike north of Building V5				
Code:	Above Ground Tank	Ambient	Ambient	Storage Location: Dike South of Firewater Supply Tanks				
Code:	Above Ground Tank	Ambient	Ambient	Storage Location: Dike east of Maintenance (Building V5)				
Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.				Optional Attachments <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input checked="" type="checkbox"/> I have attached a description of dikes and other safeguard measures				
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Facility Name: BCP Ingredients, Inc City: Verona State: MO Zip: 65769		Emergency Contact Phone: Terry Anderson Fax: 4176695988	
Chemical Description(3) <input type="checkbox"/> Check if info is same as last year. CAS: 7647-01-0 Trade Secret: N Chemical Name: Hydrochloric Acid Product Name: Hydrochloric Acid Chemical Type: Mix Chemical State: Liquid	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input checked="" type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple Asphyxiant <input type="checkbox"/> Hazard Not Otherwise Classified		Inventory (5) Max Daily Amount Code: 1,000,000-9,999,999 Avg Daily Amount Code: 1,000,000-9,999,999 No. of Day on Site per Year: 365 Optional Report: N
Storage Codes and Locations (6) (Note: This information is Not Confidential)			
Code:	Container Rail Car	Pressure Ambient	Temperature Ambient
Code:	Tank Inside Building	Greater than Ambient	Greater than Ambient
Code:	Above Ground Tank	Ambient	Ambient
Storage Location: Railspur North of Plant Storage Location: Buildings V8, V10, V11 Storage Location: Dike East of Building V10			
Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.		Optional Attachments <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input checked="" type="checkbox"/> I have attached a description of dikes and other safeguard measures	
Name and official title of owner/operator OR owner/operator's authorized representative Name Terry Anderson Title EHS Coordinator Signature _____ Date Signed: 2/23/2021			

Facility Name: BCP Ingredients, Inc City: Verona		State: MO	Zip: 65769	Emergency Contact Phone: Terry Anderson		Fax: 4176695988		
Chemical Description(3) <input type="checkbox"/> Check if info is same as last year. CAS: 74-87-3 Trade Secret: N Chemical Name: Methyl Chloride Product Name: Methyl Chloride Chemical Type: Pure Chemical State: Gas		Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> Combustible Dust			<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input checked="" type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple Asphyxiant <input type="checkbox"/> Hazard Not Otherwise Classified			Inventory (5) Max Daily Amount Code: 0-99 Avg Daily Amount Code: 0-99 No. of Day on Site per Year: 365 Optional Report: N
Storage Codes and Locations (6) (Note: This information is Not Confidential)								
Container		Pressure		Temperature		Storage Location: Northwest Side of Plant		
Code: Above Ground Tank		Greater than Ambient		Ambient				
Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.						Optional Attachments <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input checked="" type="checkbox"/> I have attached a description of dikes and other safeguard measures		
Name and official title of owner/operator OR owner/operator's authorized representative Name Terry Anderson Title EHS Coordinator Signature						Date Signed: 2/23/2021		

TIER TWO - Emergency and Hazardous Chemical Inventory (General Information)

Reporting Year: 2020

Company: BCP Ingredients, Inc

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Facility Name: BCP Ingredients, Inc City: Verona State: MO Zip: 65769		Emergency Contact Phone: Terry Anderson Fax: 4176695988	
Chemical Description(3) <input type="checkbox"/> Check if info is same as last year. CAS: None Trade Secret: N Chemical Name: Monoquat Product Name: Monoquat Chemical Type: Mix Chemical State: Liquid	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> Combustible Dust <input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple Asphyxiant <input type="checkbox"/> Hazard Not Otherwise Classified		Inventory (5) Max Daily Amount Code: 100,000-499,999 Avg Daily Amount Code: 100,000-499,999 No. of Day on Site per Year: 365 Optional Report: N
Storage Codes and Locations (6) (Note: This information is Not Confidential)			
Code:	Container: Above Ground Tank	Pressure: Ambient	Temperature: Ambient
Code:	Container: Above Ground Tank	Pressure: Ambient	Temperature: Ambient
Storage Location: Dike West of Building V10 Storage Location: Dike South of Building V11			
Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.		Optional Attachments <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input checked="" type="checkbox"/> I have attached a description of dikes and other safeguard measures	
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Facility Name: BCP Ingredients, Inc City: Verona State: MO Zip: 65769		Emergency Contact Phone: Terry Anderson Fax: 4176695988													
Chemical Description(3) <input type="checkbox"/> Check if info is same as last year. CAS: 7727-37-9 Trade Secret: N Chemical Name: Nitrogen Product Name: Nitrogen Chemical Type: Pure Chemical State: Gas	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> Combustible Dust <input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input checked="" type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple Asphyxiant <input type="checkbox"/> Hazard Not Otherwise Classified		Inventory (5) Max Daily Amount Code: 25,000-49,999 Avg Daily Amount Code: 25,000-49,999 No. of Day on Site per Year: 365 Optional Report: N												
Storage Codes and Locations (6) (Note: This information is Not Confidential) <table border="0"> <tr> <td>Container</td> <td>Pressure</td> <td>Temperature</td> <td></td> </tr> <tr> <td>Code: Above Ground Tank</td> <td>Greater than Ambient</td> <td>Cryogenic</td> <td>Storage Location: Northeast of Building V14</td> </tr> <tr> <td>Code: Cylinder</td> <td>Greater than Ambient</td> <td>Ambient</td> <td>Storage Location: Building V12</td> </tr> </table>				Container	Pressure	Temperature		Code: Above Ground Tank	Greater than Ambient	Cryogenic	Storage Location: Northeast of Building V14	Code: Cylinder	Greater than Ambient	Ambient	Storage Location: Building V12
Container	Pressure	Temperature													
Code: Above Ground Tank	Greater than Ambient	Cryogenic	Storage Location: Northeast of Building V14												
Code: Cylinder	Greater than Ambient	Ambient	Storage Location: Building V12												
Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.			Optional Attachments <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input checked="" type="checkbox"/> I have attached a description of dikes and other safeguard measures												
Name and official title of owner/operator OR owner/operator's authorized representative Name Terry Anderson Title EHS Coordinator Signature _____ Date Signed: 2/23/2021															

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Facility Name: BCP Ingredients, Inc City: Verona State: MO Zip: 65769		Emergency Contact Phone: Terry Anderson Fax: 4176695988																
Chemical Description(3) <input type="checkbox"/> Check if info is same as last year. CAS: 74-98-6 Trade Secret: N Chemical Name: Propane Product Name: Propane Chemical Type: Pure Chemical State: Liquid	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple Asphyxiant <input type="checkbox"/> Hazard Not Otherwise Classified		Inventory (5) Max Daily Amount Code: 1,000-4,999 Avg Daily Amount Code: 1,000-4,999 No. of Day on Site per Year: 365 Optional Report: N															
Storage Codes and Locations (6) (Note: This information is Not Confidential) <table border="0"> <thead> <tr> <th></th> <th>Container</th> <th>Pressure</th> <th>Temperature</th> <th></th> </tr> </thead> <tbody> <tr> <td>Code:</td> <td>Above Ground Tank</td> <td>Greater than Ambient</td> <td>Ambient</td> <td>Storage Location: North of Building V25</td> </tr> <tr> <td>Code:</td> <td>Cylinder</td> <td>Greater than Ambient</td> <td>Ambient</td> <td>Storage Location: Forklifts in Buildings V5, V26</td> </tr> </tbody> </table>					Container	Pressure	Temperature		Code:	Above Ground Tank	Greater than Ambient	Ambient	Storage Location: North of Building V25	Code:	Cylinder	Greater than Ambient	Ambient	Storage Location: Forklifts in Buildings V5, V26
	Container	Pressure	Temperature															
Code:	Above Ground Tank	Greater than Ambient	Ambient	Storage Location: North of Building V25														
Code:	Cylinder	Greater than Ambient	Ambient	Storage Location: Forklifts in Buildings V5, V26														
Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.			Optional Attachments <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input checked="" type="checkbox"/> I have attached a description of dikes and other safeguard measures															
Name and official title of owner/operator OR owner/operator's authorized representative Name Terry Anderson Title EHS Coordinator Signature _____ Date Signed: 2/23/2021																		

Facility Name: BCP Ingredients, Inc City: Verona State: MO Zip: 65769		Emergency Contact Phone: Terry Anderson Fax: 4176695988		
Chemical Description(3) <input type="checkbox"/> Check if info is same as last year. CAS: 1310-73-2 Trade Secret: N Chemical Name: Sodium Hydroxide Product Name: Sodium Hydroxide Chemical Type: Mix Chemical State: Liquid	Physical and Health Hazards (4) Check all that apply: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> Combustible Dust </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple Asphyxiant <input type="checkbox"/> Hazard Not Otherwise Classified </div> </div>	Inventory (5) Max Daily Amount Code: 50,000-74,999 Avg Daily Amount Code: 25,000-49,999 No. of Day on Site per Year: 365 Optional Report: N		
Storage Codes and Locations (6) (Note: This information is Not Confidential)				
	Container	Pressure	Temperature	
Code:	Above Ground Tank	Ambient	Ambient	Storage Location: Building V19
Code:	Tank Inside Building	Ambient	Ambient	Storage Location: Building V11
Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.				Optional Attachments <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input checked="" type="checkbox"/> I have attached a description of dikes and other safeguard measures
Name and official title of owner/operator OR owner/operator's authorized representative Name Terry Anderson Title EHS Coordinator Signature _____ Date Signed: 2/23/2021				

Facility Name: BCP Ingredients, Inc City: Verona State: MO Zip: 65769		Emergency Contact Phone: Terry Anderson Fax: 4176695988		
Chemical Description(3) <input type="checkbox"/> Check if info is same as last year. CAS: 7664-93-9 Trade Secret: N Chemical Name: Sulfuric Acid Product Name: Sulfuric Acid Chemical Type: Mix Chemical State: Liquid	Physical and Health Hazards (4) Check all that apply: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input checked="" type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> Combustible Dust </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple Asphyxiant <input type="checkbox"/> Hazard Not Otherwise Classified </div> </div>	Inventory (5) Max Daily Amount Code: 25,000-49,999 Avg Daily Amount Code: 10,000-24,999 No. of Day on Site per Year: 365 Optional Report: N		
Storage Codes and Locations (6) (Note: This information is Not Confidential)				
	Container	Pressure	Temperature	
Code:	Above Ground Tank	Ambient	Ambient	Storage Location: EO Scrubber Dike
Code:	Tote Bin	Ambient	Ambient	Storage Location: Building V11, V18
Code:	Plastic or Non-metallic Drum	Ambient	Ambient	Storage Location: Building V11
Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2 , and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.				Optional Attachments <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input checked="" type="checkbox"/> I have attached a description of dikes and other safeguard measures
Name and official title of owner/operator OR owner/operator's authorized representative Name Terry Anderson Title EHS Coordinator Signature _____ Date Signed: 2/23/2021				

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Company: BCP Ingredients, Inc

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Facility Name: BCP Ingredients, Inc City: Verona State: MO Zip: 65769		Emergency Contact Phone: Terry Anderson Fax: 4176695988									
Chemical Description(3) <input type="checkbox"/> Check if info is same as last year. CAS: 147-71-7 Trade Secret: N Chemical Name: Tartaric Acid Product Name: Tartaric Acid Chemical Type: Pure Chemical State: Solid	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> Combustible Dust		<input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple Asphyxiant <input type="checkbox"/> Hazard Not Otherwise Classified								
Inventory (5) Max Daily Amount Code: 100,000-499,999 Avg Daily Amount Code: 100,000-499,999 No. of Day on Site per Year: 365 Optional Report: N											
Storage Codes and Locations (6) (Note: This information is Not Confidential) <table border="0"> <tr> <td>Container</td> <td>Pressure</td> <td>Temperature</td> <td></td> </tr> <tr> <td>Code: Bag</td> <td>Ambient</td> <td>Ambient</td> <td>Storage Location: Buildings V24, V10</td> </tr> </table>				Container	Pressure	Temperature		Code: Bag	Ambient	Ambient	Storage Location: Buildings V24, V10
Container	Pressure	Temperature									
Code: Bag	Ambient	Ambient	Storage Location: Buildings V24, V10								
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Reporting Year: 2020

Company: BCP Ingredients, Inc

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Facility Name: BCP Ingredients, Inc City: Verona State: MO Zip: 65769		Emergency Contact Phone: Terry Anderson Fax: 4176695988		
Chemical Description(3) <input type="checkbox"/> Check if info is same as last year. CAS: 75-50-3 Trade Secret: N Chemical Name: Trimethylamine Product Name: Trimethylamine Chemical Type: Pure Chemical State: Gas	Physical and Health Hazards (4) Check all that apply: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input checked="" type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> Combustible Dust </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple Asphyxiant <input type="checkbox"/> Hazard Not Otherwise Classified </div> </div>	Inventory (5) Max Daily Amount Code: 1,000,000-9,999,999 Avg Daily Amount Code: 1,000,000-9,999,999 No. of Day on Site per Year: 365 Optional Report: N		
Storage Codes and Locations (6) (Note: This information is Not Confidential)				
	Container	Pressure	Temperature	
Code:	Rail Car	Greater than Ambient	Ambient	Storage Location: Rail Spur North Side of Plant
Code:	Above Ground Tank	Greater than Ambient	Ambient	Storage Location: North of Building V10
Code:	Tank Inside Building	Greater than Ambient	Greater than Ambient	Storage Location: Buildings V10 and V11
Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.				Optional Attachments <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input checked="" type="checkbox"/> I have attached a description of dikes and other safeguard measures
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